



## Aquatic Weeds Management Fund Grant Application

FOR ECOLOGY USE  
Application Number

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### - P A R T 1 -

**1. PROJECT TITLE** (five words or less):

**2. APPLICANT NAME**

**Name:**

**Address** (Different from Signatory):

**Federal Identification Number:**

**3. AUTHORIZED SIGNATORY** (The person whose name is listed here must sign Box 9 of this application)

**Name:**

**Title:**

**Address:**

**4. APPLICANT STAFF CONTACT**

**Name:**

**Title:**

**Address:**

**Telephone number:**

**Fax number:**

**E-mail address:**

**5. PROJECT DATA** (Actual PROJECT data, not data of applicant)

If the project is not a statewide project, please indicate the county(s), the water resource inventory area(s), legislative districts, and congressional districts where at least five percent of the PROJECT will be accomplished. The total of each separate designation must equal 100 percent.

Counties		Water Resource Areas		Legislative Districts		Congressional Districts	
Name	Percent	Number	Percent	Number	Percent	Number	Percent

**6. PROJECT DURATION**

**Project Length** (months or years):

**Anticipated Start Date:**

**Anticipated Project Completion Date:**

**7. PROJECT TYPE**

Has an integrated aquatic vegetation management plan been developed for this project? Yes ☐ No ☐

If yes, please provide the plan title and date that it was submitted to Ecology

**8. COST BREAKDOWN****Total Project Cost**

This amount is the total cost of the project and includes state and local costs \$

**Ecology Grant Amount**

This amount represents the Ecology grant request, at 75 percent of the total project cost for an implementation or planning project or 87.5 percent of the maximum eligible project cost for a pilot project. Planning grants are capped at \$30,000 state share; Implementation grants are capped at \$75,000 state share. \$

**Applicant Share**

This amount is 25 percent of the total project cost for planning or implementation projects and 12.5 percent of the total project cost for pilot projects. \$

**9. SIGNATURE BOX**

**I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM LEGALLY AUTHORIZED TO SUBMIT THIS INFORMATION ON BEHALF OF THE APPLICANT.**

Printed Name	Signature
Title	Date

**10. APPLICATION SUBMITTAL**

Send seven copies, one of which contains an original signature, to Kathy Hamel at the following address:

<u>U.S. Postal Mailing Address:</u>	<u>Overnight Mail or Hand Delivery Address:</u>
Department of Ecology Water Quality Program P.O. Box 47600 Olympia, WA 98504-7600	Department of Ecology Water Quality Program 300 Desmond Drive Lacey, WA 98503
<p>NOTE: APPLICATIONS MUST BE RECEIVED AT THE DEPARTMENT OF ECOLOGY BY 5:00 P.M. ON THE CLOSING DATE. NO FACSIMILE OR ELECTRONIC APPLICATIONS WILL BE ACCEPTED. TO ENSURE DELIVERY OF APPLICATION BY THE DEADLINE, YOU MAY WISH TO CONSIDER USING RETURN RECEIPT MAIL.</p> <p><i>If you require this document in an alternative format, please contact the Secretary at (360) 407-6502 (Voice) or (TTY) at 711 or 1-800-833-6388.</i></p>	

# **Aquatic Weeds Management Fund Grant Application Part 2 Project Proposal**

This is the section of your application in which you describe your project. The information that you provide here will be used to evaluate the merit of your project and will provide the basis for our evaluation. Before describing your project, please carefully review the information in Chapter IV of the Aquatic Weeds Management Fund Program Guidelines.

Contact Kathy Hamel of the Department of Ecology if you have specific questions: by e-mail at [kham461@ecy.wa.gov](mailto:kham461@ecy.wa.gov) or by telephone at (360) 407-6562. **ONLY INFORMATION SUBMITTED BEFORE THE APPLICATION DEADLINE WILL BE USED IN THE EVALUATION PROCESS.**

## **Project Proposal**

Provide a summary overview of the proposed project. If the project is funded, this can become the project scope of work. The summary should detail the tasks that will be undertaken to accomplish the project. As an example - if education is a component of the project, when describing that task, say “we will undertake to produce and distribute two educational newsletters to the Lake X residents. In addition, we will hold at least one public meeting to talk about the project, etc.” A well-done summary will incorporate the answers to the questions listed below. Most applicants have chosen to follow a question-and-answer format, in addition to the project summary. However, as long as the following questions have been addressed in the project summary, it is not necessary to answer the questions separately.

The project proposal should answer the following questions or include the following elements:

- If your project implements an Integrated Aquatic Plant Management Plan please enclose a copy of the plan or a plan approval letter from Ecology.
- Which waterbody or waterbodies are being targeted for action? \_\_\_\_\_  
\_\_\_\_\_

Where is the waterbody (or waterbodies) located in relation to other infestations of this plant?  
\_\_\_\_\_

- Do the plants in this waterbody pose a threat of infestation to other nearby waterbodies?  
\_\_\_\_\_

**Include a map of the targeted waterbody with your application.**

- What are the aquatic plants targeted for action? \_\_\_\_\_  
\_\_\_\_\_

***Invasive, non-native freshwater aquatic plants are given priority for grant funding.*** Are these native or invasive non-native plants? \_\_\_\_\_

- How is this aquatic plant or plants affecting the targeted waterbody or waterbodies? Or, what is the potential of the plant to impact the targeted waterbody or waterbodies, and how will this project benefit

the public? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What are the project goals? What will you accomplish by undertaking this project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How will the project goals be achieved? Discuss specific methods to be used or describe how the project will be accomplished. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_
- Does this project have statewide or regional significance beyond your community? \_\_\_\_\_  
\_\_\_\_\_
- Who will be the key people who will make this project a success? Please list the people who will actually lead or work on the project. Note any special skills they bring to the endeavor. \_\_\_\_\_  
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\_\_\_\_\_
- Do you have local citizen support for the project; especially support of those citizens who live on, use, or have an interest in managing the aquatic plants in the targeted water body? \_\_\_\_\_
- What is your long-term commitment to this project? Are you prepared to continue implementation of long-term objectives without grant support? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please provide a budget, using **one** of the following formats. Provide the total cost of the project, not just the state share.

**Budget by Budget Object**

Salaries, wages and benefits (SWB): \$ \_\_\_\_\_

Indirect cost (up to 25% of SWB): \_\_\_\_\_

Material, supplies \_\_\_\_\_

Equipment \_\_\_\_\_

Contracts \_\_\_\_\_

Other \_\_\_\_\_

In-kind contributions \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Budget by Task**

Task 1 – Project Management \_\_\_\_\_

Task 2 – Management \_\_\_\_\_

Task 3 – Education \_\_\_\_\_

Task 4 – Final Report \_\_\_\_\_